Application	OFD and and	
Application	or Tocket	Number

## PATENT APPLICATION FEE DETERMINATION RECORD. Effective October 1, 2003

The state of the s

101720316													
CLAIMS AS FILED - PART I						• •		SMALL 1	ENTITY		OTHE	R THAN	
		(Column 1)		(Column 2)		1	TYPE		OF		ENTITY		
TOTAL CLAIMS							RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in c					column 2	ı	TOTAL	-	OR	<u> </u>			
	CLAIMS AS AMENDED - PART II								OTHERTHAN				
5-19-06 (Column 1) (Column						(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	:	HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	· 15	Minus	<b>**</b> 2	().	=-		X\$ 9= .		OB	_X\$18=	: . :	
MEN	Independent	. 7	Minus	inan' (	3	=		X43=		OR	X86=	· :/-1	
<u></u>	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			.115		1 .	+290=	, ·	
							L	+145=		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE	<u></u>	
		(Column 1)		(Colum		(Column 3)	·						
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total ·	*	Minus	**.		=		X\$.9=.	·····	OR	X\$18=	. •	
MEI	Independent	4	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESE	NTATION OF MU		ENDENT	CLAIM		ľ	+145=		OR	+290=		
			**				Ļ	TOTAL		L	TOTAL		
								DOIT, FEE		OR A	DOIT. FEE		
		(Column 1)		(Colum		(Column 3)	<u>.</u>	-		: "	: : : : : : : : : : : : : : : : : : :		
AMENDMENT C	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER A' ENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE"	ADDI- TIONAL FEE	
Ž Ž	Total	•	Minus	<b>d</b> d		= ,		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=_		OR-	X86=	,	
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-					11122111	
							Ŀ	+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***ODIT.**  ***ODIT.										OR A	TOTAL DOTT. FEE		
	The Highest Num	iber Previously Paid	For (Total or	Independen	it) is the	highest number	found	in the appr	opriate box	in colu	mn 1.	1	